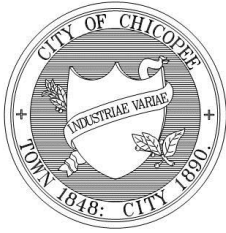


Date Received: _____

Amount Paid/Check# _____

Permit# _____

ABOVE FOR OFFICE USE ONLY



**CITY OF CHICOPEE BOARD OF HEALTH
APPLICATION TO KEEP BEES
2015**

Chicopee Health Department
15 Court St
Chicopee, MA 01020
(413) 594-1660

Name of Beekeeper _____ Date _____

Address of Beekeeper _____ Phone# _____

Location of Bee Colonies/Hives (If Different from Beekeeper's Address) _____

Property Size (in acres) _____

Number of Permissible Bee Colonies/Hives (see box below) _____

The Rules and Regulations governing Beekeeping within the City of Chicopee allow for one (1) hive on an area of one (1) acre or larger. For each subsequent half (0.5) acre, one additional hive is allowed. No property is allowed to have more than ten (10) hives, regardless of size.

NEW APPLICANTS

All new applicants must provide, along with this application and appropriate fees:

- Proof of origin of bees
- Massachusetts Department of Agriculture Registration Number
- Proof of property size
- A detailed plan for the placement of hive/s (see below)

The plan must include:

- | | |
|--|-----------------------|
| • Distances from all public roads | 100 feet |
| • Distance to the edge of property | 25 feet |
| • Distances to nearest residential buildings | 100 feet |
| • Distances to nearest public or private pools | 500 feet |
| • Size of firebreak area | 30 feet across |

PLEASE NOTE: APPLICATIONS MUST BE FILLED OUT COMPLETELY. INCOMPLETE APPLICATIONS WILL BE RETURNED.

Pursuant to the Code of the City of Chicopee, no license or permit shall be issued to any license holder, or renewals granted, if in default on the payment or taxes, fees, or other monies due to the City of Chicopee. Pursuant to MGL Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state returns and paid all taxes required under law.

I hereby certify that all of the information provided is true. I agree to comply with the regulations set forth in the City of Chicopee Municipal Code. I agree to allow the Board of Health or its agents access to the hive/s and to provide all required information. I agree to pay all appropriate fees at the time of application submittal.

ANNUAL PERMIT FEE \$ 25

SOCIAL SECURITY OR FEDERAL ID NUMBER _____

SIGNATURE OF APPLICANT _____

CHECK OR MONEY ORDER ONLY NO CASH**MAKE PAYABLE TO: THE CITY OF CHICOPEE****NO REFUNDS**